



3-10-04 Image

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TRANSMITTAL FORM

(To be used for all correspondence
after initial filing)

| | |
|----------------------|------------------|
| Application Number | 09/696,867 |
| Filing Date | October 25, 2000 |
| First Named Inventor | Mary E. Brunkow |
| Art Unit | 1636 |
| Examiner Name | KAUSHAL, Sumesh |
| Attorney Docket No. | 240083.501D6 |

ENCLOSURES (check all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> CD(s), Number of CD(s) _____ |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Request for Corrected Filing Receipt | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Amendment/Response | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Declaration | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Information Disclosure Statement; Form PTO-1449 | <input type="checkbox"/> Statement under 37 CFR 3.73(b) | <input checked="" type="checkbox"/> Return Receipt Postcard |
| <input checked="" type="checkbox"/> Cited References (2) | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Additional Enclosure(s) (please identify below): |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Request for Refund | _____ |
| <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 | | _____ |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | | _____ |

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | |
|-----------------|-------------------------------------|--------------------------|
| Individual Name | Mae Joanne Rosok Reg. No. 48,903 | Customer Number 00500 |
| Signature | <i>Mae Joanne Rosok</i> | |
| Date | March 9, 2004 | |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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